## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #036 (0010606)

Address: 770 WILFRED ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History			
Survey ID: 0097253	End Date: 06/14/2006	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0093444	End Date: 10/11/2004	Type: OTHER	Purpose: OTHER
Results: LICENSE/CERT/REGISTRATION ISSUED			
Survey ID: 0092637	End Date: 05/25/2004	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			

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